(b) if so, the number and names of such companies; and

(c) the action taken by Government to foil their attempt?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) According to information furnished by the Department of Women and Child Development, there has been aggressive and effective media campaign by multinational companies manufacturing infant milk substitutes and infant foods to promote the introduction of infant foods at the age of four months. There were also moves to lower the age for introduction of complementary foods from 6 months to 4-6 months in the international fora like the Codex Alimentarius Commission and the World Health Organisation.

(c) Government of India has taken up the matter very strongly at both fora whereby the Codex Alimentarius Commission, an international body, the standards of which on food safety are the benchmarks under the WTO regime, have in 1999 referred the matter for further discussion in the Codex Committee, not accepting the age of 4-6 months for introduction of complementary foods.

The Government of India was also successful in getting the 54th World Health Assembly's Resolution passed in favour of exclusive breast-feeding for the first six months and introduction of home-based complementary foods thereafter with continued breast-feeding for two years and beyond.

New National Health Policy

806. SHRI KRISHNA KUMAR BIRLA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have been actively considering to formulate a new National Health Policy;

(b) if so, the facts and details thereof;

(c) whether the existing and previous health policies have failed to achieve the target in controlling population as well as to check the spread of deadly diseases;

(d) if so, whether the new National Health Policy would he introduced keeping in view the latest diseases in the country; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Yes, sir. An exercise is currently underway for revising the National Health Policy, 1983. Upon finalisation of the National Health Policy, the same will be circulated to States/UTs, for comments and finally placed before the Cabinet for approval.

(c) The National Health Policy, 1983 envisaged achievement of basic health and family welfare goal in respect of certain indicators. Varying degree of progress has been achieved in the targets laid down. Details of achievements *vis-a-vis* goals of various indicators are given in the Statement (See below)

(d) and (e) Revision of National Health Policy has arisen on account of the epidemiological and demographic changes that have taken place in the country since the last policy was announced. The revised National Health Policy will envisage to focussing on reducing the overall disease burden and specifically seek to eliminate certain communicable diseases such as leprosy, polio, yaws and contain others such as malaria, T.B. etc. The proposed NHP will also address the emerging diseases, new infections and non-communicable diseases, such as cancer, CVD, etc. by providing health education and early treatment.

Statement

Achievements against goals for Health and Family Welfare

SI. No.	Indicators	Current level of achieve merits	Goals 2000
1	2	3	4
1.	Infant Mortality Rate	Rural	75* (1999)
		Urban	44* (1999)
		Total	70* (1999) below 60
2.	Perinatal Mortality		43 (1997) 30-35

SI. No.	Indicators	Current level of achieve-ments	Goals 2000
3.	Crude Death Rate		8.7*(1999) 9
4.	Pre School Child (0-4 Years) Mortality		23.1 (1997) 10
5.	Maternal Mortality Rate		4.5 (1996) below 2
6.	Life Expectancy at Birth (Years)	Male	62.4 (1996-2001) 64
		Famale	63.4 (1996-2001) 64
7.	Babies with Birth Weight below 2500 gms (percentage)		30 10
8.	Crude Birth Rate		26.1* (1999) 21
9.	Effective Couple Protection Rate (Percentage)		46.2* (31.03.2000) 60
10.	Total Fertility Rate"		3.3 (1997)
11.	Growth Rate (annual)		1.74* (1999) 1.20
12.	Family Size		3.5 (1993) 2.3
13.	Pregnant Mothers Receiving Ante-Natal Care (%)		40-50 100
14.	Deliveries by Trained Attendants		53.7 (1996) 100
15.	Immunization Status (%) Coverage): TT (for Pregnant Women)		79.0 *$ (1999-2000) 100
	TT (for School Children) 10 Years	53.6	•$ (1999-2000) 100
	10 Years	50.2	•S (1999-2000)
	DTP (Infants)	92.8	•$ (1999-2000)
	Polio (Infants)	93.4	•$ (1999-2000)
	BCG (infants)	99.1	•S (1999-2000)
	DT New School Entrants (5-6 Years)	63.8	•$ (1999-2000) 100
16.	Leprosy-Prevalence Rate		5.2/10000 Popn. (March 2000) Popn.
	-percentage of diesease arrested cases out of those detected	91% (1999)	80%
17.	Blindness-Prevalence (%)		1.4 0.3

SI. No.	Indicators	Current level of achieve-ments	Goals 2000
18.	TB-Percentage of disease arrested cases out of those detected		85 (RNTCP) 84 (1999) RNTCP

*Provisional **Not included in NHP, 1983
$: Percentage Achievement of Prop Need Assessed
Source: National Health Policy Document, M/o Health & FW
Dte. General of Health Services and Planning Commission

Violation of Bio-Medical Waste Rules by CGHS Dispensaries

807. SHRI ABANI ROY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that CGHS dispensaries in the Capital are violating Bio-Medical Waste Rules, 1998;

(b) if so, the details thereof;

(c) whether bio-medical waste discharged by CGHS dispensaries are spreading various ailments; and

(d) if so, the steps taken by Government to ensure implementation of Bio-Medical Wastge Rules, 1998?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Training has been imparted to Medical Officers and Para Medical Staff working in CGHS dispensaries of Delhi for proper disposal of bio medical waste. Necessary material for bio-medical waste disposal are being supplied. Forty three syringe needle destroyers have been already been supplied to the CGHS dispensaries and the process for procuring 57 more has been initiated.

(c) No, Sir.

(d) In view of (c) above, the question does not arise.